**Risk Assessment Information**

The majority of our work involves lone working either in client’s homes or in the community. We request that all referring agencies complete this form –this will not be used as a basis for accepting or excluding people from Coatham House, but will inform our own risk management strategy should we be able to offer accommodation/support.

Please include information based upon your own work with the client, as well as known history.

Please could you indicate from your knowledge of .      (name),       (DOB) their history of the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Violence to others | Yes  No |  | Violence from others | Yes  No |
| Aggressive behaviour | Yes  No |  | Abuse/harassment to others | Yes  No |
| Damage to property | Yes  No |  | Arson | Yes  No |
| Inappropriate sexual behaviour | Yes  No |  | Sexual abuse (perpetrator) | Yes  No |
| Physical abuse (perpetrator) | Yes  No |  | Danger/risk to children | Yes  No |
| Physical health | Yes  No |  | Blood borne viruses | Yes  No |
| Risk to professionals | Yes  No |  | Offending | Yes  No |
| Anti-social behaviour | Yes  No |  | Incidents of self-neglect | Yes  No |
| Incidents of being exploited | Yes  No |  | Substance misuse | Yes  No |
| Alcohol misuse | Yes  No |  | Accidental harm | Yes  No |
| Sexual abuse (victim) | Yes  No |  | Physical abuse (victim) | Yes  No |
| Self-harm | Yes  No |  | Poor mental health | Yes  No |
| Poor motivation/engagement | Yes  No |  | Financial/debt | Yes  No |
| Suicidal attempts | Yes  No |  | Other (Please specify below) | Yes  No |

Where you have ticked **yes** to any of the above could you please provide details of each incident/issue including when the incident occurred, how many times it has happened and the severity of the incident?

|  |
| --- |
|  |

|  |
| --- |
|  |

Signed............................................................. Dated.......................................